

SCDHEC, Division of STD/HIV
Request for Federal Materials Review Form

Date _____

Use this form to have materials considered for approval by the Federal Materials Review Committee

Submit ten (10) samples and completed form to:

James Harris, STD/HIV Division, Mills/Jarrett Complex, Box 101106, Cola, SC 29211

Upon receipt, the Federal Materials Review Committee will implement the process.

Requestor's Name: _____ Phone _____

Organization: _____

Title of material and production year (attach samples) _____

Deadline for review: _____ Reading level (if known) _____ More than 3 years old ? _____

It is an original _____ or a reproduced copy _____ Publisher: _____

Type of material:

_____ Poster/Display	_____ Brochure	_____ Flier	_____ Video/DVD
_____ PC Software	_____ Curriculum	_____ Cassette Tape/CD	_____ Survey/Questionnaire
_____ PSA (radio, TV)	_____ Web Page	_____ Model	_____ Other (specify)

Target Audience: (check all that apply)

Gender

_____ Male _____ Female _____ Both _____ Transgendered

Race

_____ African American _____ Caucasian _____ Latino/a _____ Other (specify)

Age

_____ Youth (13-19) _____ Young adults (20-24) _____ Adults (25-54) _____ Seniors (>54)

Sexual Risk

_____ MSM _____ MSM/F _____ MSF _____ FSF _____ FSF/M _____ FSM

Drug Risk

_____ IVDU _____ Substance Use _____ Other (specify)

Are either of the following names used within the material?

_____ DHEC _____ CDC _____ N/A

Note: If CDC's name is used, it is your responsibility to send a copy of developed/approved material to:
Hussain Baseer, Project Officer, Division of HIV/AIDS Prevention, 1600 Clifton Road, N.E., MS E 58, Atlanta, GA 30333

Continued

Title of the material _____

Use/ Distribution Method (check all that apply)

- ☐ Individual client
☐ Clinic
☐ General Community (health fairs, churches, outreach, presentations)
☐ Targeted/Restricted Community (Gay bars, AOD facilities)
☐ Professional/staff
☐ School (Note: Must be approved by the local school board)
☐ DHEC programs
_____ Other (specify) _____

Messages (check all that apply)

Does it directly promote or encourage sexual activity or intravenous substance abuse? ____ Yes ____ No

- ☐ Promotes abstinence from illegal use of IV drugs
☐ Promotes abstinence from sexual intercourse (except in a mutually monogamous relationship with an uninfected partner)
☐ Promotes the benefits of abstaining from unprotected sexual activity
☐ Promotes the benefits of abstaining from intravenous substance use
☐ Promotes using a condom to reduce the risk of acquiring or spreading the virus
☐ Promotes using a dental dam to reduce the risk of acquiring or spreading the virus
☐ Promotes cleaning needles to reduce the risk of acquiring or spreading the virus
☐ Promotes standard/universal precautions
☐ Promotes HIV testing and counseling
☐ Organizational/informational brochure
☐ Other (specify) _____

Do not write below this line

Committee Recommendation:

Date reviewed: _____

Recommendation: ____ Approved ____ Disapproved ____ Provisional (Explain in comments section)

Filing ID Number: _____

Signature: _____ Date: _____

Comments: